

Please type a plus sign (+) inside this box ☐

PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

Lifeline Medical

First Inventor

Matthew IAMMATTEO

Title

Premenstrual Dysphoric Disorder

Express Mail Label I

ER465423110US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages  ]  
(preferred arrangement set forth below)
  - Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☐ Drawing(s) (35 U.S.C. 113) [ Total Sheets  ]
5. Oath or Declaration [ Total Pages  ]
  - a. ☒ Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37 CFR 1.63 (d))  
(for continuation/divisional with Box 18 completed)
    - i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

## ADDRESS TO:

Box Patent Application  
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a. ☐ Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-R (2 copies); or
    - ii. ☐ paper
  - c. ☐ Statements verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement (when there is an assignee) ☒ Power of Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☒ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. **Petition To Make**
17. ☒ Other: **Examination Special**

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No.: \_\_\_\_\_ / \_\_\_\_\_

Prior application information:

Examiner \_\_\_\_\_

Group Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label



or



Correspondence address below

Name

22925

PATENT TRADEMARK OFFICE

Address

City

State

Zip Code

Country

Telephone

Fax

Name (Print/Type)

Pharmaceutical Patent Attorneys

Registration No. (Attorney/Agent)

35,325

Signature

Date

6 May 04

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

050604  
05909 U.S. PTO

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 515.00)

## Complete if Known

Application Number	unassigned
Filing Date	6 May 2004
First Named Inventor	Mathew IAMMATTEO
Examiner Name	unassigned
Group Art Unit	unassigned
Attorney Docket No.	Lifeline Medical

## METHOD OF PAYMENT

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number   
Deposit Account Name

☐ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed:

☐ Check ☒ Credit card ☐ Money Order ☐ Other

## FEE CALCULATION

### 1. BASIC FILING FEE

	Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101	740	201 370	Utility filing fee	385.00
106	330	206 165	Design filing fee	0.00
107	510	207 255	Plant filing fee	
108	740	208 370	Reissue filing fee	
114	160	214 80	Provisional filing fee	0.00

SUBTOTAL (1) (\$ 385.00)

### 2. EXTRA CLAIM FEES

	Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	14	-20** = 0	9.00	0.00
Multiple Dependent	3	-3** = 0	42.00	0.00
			0.00	0.00

	Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103	18	203 9	Claims in excess of 20
102	84	202 42	Independent claims in excess of 3
104	280	204 140	Multiple dependent claim, if not paid
109	84	209 42	** Reissue independent claims over original patent
110	18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0.00)

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

	Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	205 65	Surcharge - late filing fee or oath	0.00
127	50	227 25	Surcharge - late provisional filing fee or cover sheet	0.00
139	130	139 130	Non-English specification	0.00
147	2,520	147 2,520	For filing a request for <i>ex parte</i> reexamination	0.00
112	920*	112 920*	Requesting publication of SIR prior to Examiner action	0.00
113	1,840*	113 1,840*	Requesting publication of SIR after Examiner action	0.00
115	110	215 55	Extension for reply within first month	0.00
116	400	216 200	Extension for reply within second month	0.00
117	920	217 460	Extension for reply within third month	0.00
118	1,440	218 720	Extension for reply within fourth month	0.00
128	1,960	228 980	Extension for reply within fifth month	0.00
119	320	219 160	Notice of Appeal	0.00
120	320	220 160	Filing a brief in support of an appeal	0.00
121	280	221 140	Request for oral hearing	0.00
138	1,510	138 1,510	Petition to institute a public use proceeding	0.00
140	110	240 55	Petition to revive - unavoidable	0.00
141	1,280	241 640	Petition to revive - unintentional	0.00
142	1,280	242 640	Utility issue fee (or reissue)	0.00
143	460	243 230	Design issue fee	0.00
144	620	244 310	Plant issue fee	0.00
122	130	122 130	Petitions to the Commissioner	130.00
123	50	123 50	Processing fee under 37 CFR 1.17(q)	0.00
126	180	126 180	Submission of Information Disclosure Stmt	0.00
581	40	581 40	Recording each patent assignment per property (times number of properties)	0.00
146	740	246 370	Filing a submission after final rejection (37 CFR § 1.129(a))	0.00
149	740	249 370	For each additional invention to be examined (37 CFR § 1.129(b))	0.00
179	740	279 370	Request for Continued Examination (RCE)	0.00
169	900	169 900	Request for expedited examination of a design application	0.00
Other fee (specify)				0.00

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 130.00)

## SUBMITTED BY

Name (Print/Type) Mark POHL  
Signature 

Registration No. 35,325  
(Attorney/Agent)

## Complete (if applicable)

Telephone (973) 984-0076  
Date 6 May 04

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.